

Training Course Evaluation

Purpose: The NIH requires employees to evaluate the result of training activities to: (1) assure that training supported by the Institute is contributing to the achievement of the organization's goals; (2) to certify and acknowledge satisfactory completion of training.

Instructions: Please complete this evaluation and return to your Administrative Officer WITHIN ONE (1) WEEK FROM THE DATE TRAINING IS COMPLETED.

Employee's Name: _____

Course Title: _____

(Include Course Number, if applicable)

Transaction Number (from training form): _____

Please indicate the numerical rating that best describes your response to each statement using the rating scale: 1 = LOW; 5 = HIGH.

	<u>LOW</u>				<u>HIGH</u>
1. Degree to which the training objectives were met.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
2. Quality of Instruction.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
3. Quality of Training Materials.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
4. Level of Recommendation for Others to attend the training.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

Comments:

Employee's Signature _____
(Certifies that training was attended and satisfactorily completed)

Date _____

Supervisor's Signature _____

Date _____

Administrative Officer's Signature _____

Date _____